



DENTISTRY AUTHORIZATION FORM

Client's Name: _____

Date Admitted: _____

Pet's Name: _____

Fully assessing the amount of dental disease present in your pet can only be done once under general anesthesia. For this reason, we are not always able to give you an accurate idea of whether or not extractions will be necessary until all plaque has been removed from the teeth. **If extractions are necessary, there will be additional charges for the extractions, pain medication, anesthesia, and/or dental x-rays.** In order to eliminate any surprises when picking up your pet following a dental cleaning, we ask you to **please read the following options and initial your choice.**

_____ I authorize you to do all necessary extractions, x-rays, periodontal repair, and any other treatments warranted. In marking this, I understand that I will be required to pay for **all** additional treatments at the time of my pet's discharge.

_____ If additional treatment beyond that of the cleaning or original estimate is necessary, I authorize additional treatments up to the amount of \$_____.

_____ If additional treatment beyond that of the cleaning or original estimate is necessary please contact me at _____ to go over an estimate for the required dental work. In marking this, I understand that if you are unable to contact me, the treatment will not be performed, and my pet will be allowed to recover from anesthesia. If I choose to pursue treatment, it will require my pet be placed under general anesthesia again at a later date.

Please read and initial the following statement.

_____ I understand that in some cases, the level of dental disease can progress to the point where once all the plaque has been removed from my pet's teeth, some teeth may fall out without being extracted.

Please read the following statements and initial your choice.

One of the biggest problems affecting most pets (especially cats) today is periodontal disease. Unfortunately, periodontal disease cannot always be diagnosed with visual inspection of your pet's mouth. In most cases, dental x-rays are needed to assess the bone holding the teeth in place. In doing full mount x-rays of your pet while under anesthesia, we will be able to identify teeth that require treatment for periodontal disease, as well as, be able to monitor the progression of periodontal disease with treatment.

_____ Yes, I authorize you to take full amount x-rays of my pet. In choosing this, I understand that it will cost an additional: **\$60** for cats & small dogs, **\$75** for medium dogs, or **\$100** for large & giant breed dogs.

_____ No, I do not authorize you to take full mount x-rays of my pet.

Please sign below to indicate that you have read and understand all the above options.

Signature: _____

Date: _____